



New _____ Renewal _____

License Fee: \$377.00

ADULT ENTERTAINMENT LICENSE

Application

Applicant Name _____

Applicant Contact _____

Street Address _____ *City* _____ *State* _____ *ZIP Code* _____

Email Address _____ *Phone Number* _____

Business Name _____

Business Contact _____

Street Address _____ *City* _____ *State* _____ *ZIP Code* _____

Email Address _____ *Phone Number* _____

Applicant Age _____ **Length of time this business has been in Indianapolis** _____

Legal Status of Business (check box that applies)

Individual Proprietor _____ Partnership _____ Corporation _____ LLC _____

List the state where incorporated or authorized (if corporation). _____

Registered Agent Name _____

Registered Agent Address _____

Street Address _____ *City* _____ *State* _____ *ZIP Code* _____

If a Corporation, list the Principal Office of Corporation. _____

If a Corporation or Partnership, list the name and address of each corporate officer or partner.

Name _____ *Street Address* _____ *City* _____ *State* _____ *ZIP Code* _____

Name _____ *Street Address* _____ *City* _____ *State* _____ *ZIP Code* _____

Name _____ *Street Address* _____ *City* _____ *State* _____ *ZIP Code* _____

Name _____ *Street Address* _____ *City* _____ *State* _____ *ZIP Code* _____

Has the applicant or any partner or corporate officer for the applicant business ever been denied a license or had a license revoked or suspended?

Yes _____ No _____

Are all City, County, State, and Federal taxes paid?

Yes _____ No _____

Applicant's Citizenship _____

List any previous location or location change of the business with two (2) years.

1. _____
Street Address City State ZIP Code
2. _____
Street Address City State ZIP Code
3. _____
Street Address City State ZIP Code

Additional Establishment Information

1. Number of business locations _____
2. Number of Closed Circuit Televisions (CCTVs) _____
3. Number of motion picture or video screens _____
4. Number of projectors or other image producing devices _____
5. Number of stages _____
6. List the seating capacity of the establishment _____

Please indicate that you agree or disagree by marking yes or no for the following statements.

1. Licensee is in good standing and has not had any license/registration to operate a business revoked/suspended.
Yes _____ No _____
2. Licensee is current with all City, County and State for any taxes, license fees, or any other indebtedness.
Yes _____ No _____
3. The person signing this application has the authority to sign for the business being licensed.
Yes _____ No _____
4. Licensee will permit inspections of the business and premises by public authorities acting pursuant to law.
Yes _____ No _____
5. Licensee will conduct the business and premises in such a manner as not to create a nuisance or any sort of hazard to the public.
Yes _____ No _____
6. Licensee will keep the premises clean and free from any sort of rubbish or combustible or explosive material.
Yes _____ No _____
7. Licensee agrees that the business and the premises on which the business is conducted will not be used for any unlawful purpose.
Yes _____ No _____
8. Licensee agrees to comply with the Revised Code of Indianapolis and Marion County and all other applicable laws ordinances, regulations, orders and decisions of public officials.
Yes _____ No _____
9. Licensee understands that the license may be suspended or revoked, and the licensee will be subject to prosecution if any applicable law, ordinance, regulation, order or decision is violated.
Yes _____ No _____

10. Licensee agrees to apply in writing to the Department of Business & Neighborhood Services before changing the location of the business (if permitted by ordinance).
Yes ____ No ____
11. Licensee agrees to give the Department of Business & Neighborhood Services written notice once the business ceases to exist.
Yes ____ No ____
12. Licensee agrees to give the Department of Business & Neighborhood Services written notice if there is any change in the licensed business during the term of the license such that the information provided in the application form is no longer complete or accurate within 30 days after such change occurs.
Yes ____ No ____

The undersigned affirms under penalty for perjury that the answers, representations and information provided in this application are true and correct.

Signature

Name Printed

Date